

**PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
TDD/305-5469**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____			
CLAIMS							* * *					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND. DEP.		IND. DEP.		IND. DEP.		
IND.	DEP.	IND.	DEP.	IND.	DEP.	51						
1						51						
2						52						
3						53						
4						54						
5						55						
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41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.			3			TOTAL IND.						
TOTAL DEP.			7			TOTAL DEP.						
TOTAL CLAIMS			10			TOTAL CLAIMS						